

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2092

State File No.

BIRTH NO.		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5971</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Marion Twp.</u> c. LENGTH OF STAY (in this place)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Marion Twp.</u> d. STREET ADDRESS (If rural, give location) <u>1 mile east of Bolivar.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Kukul</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>3</u> <u>1950</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 27, 1877</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Sumner, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham Kilts</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Lakey</u>		14. NAME OF HUSBAND OR WIFE <u>Frank A. Kukul</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank A. Kukul</u>		ADDRESS <u>Bolivar, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Malnutrition</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bolivar, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>180</u>			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1949</u> , to <u>Jan 3, 1950</u> , that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>9:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. N. Bridges M.D.</u>				23b. ADDRESS <u>Bolivar, Mo.</u>		23c. DATE SIGNED <u>1/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258</u> <u>Turnpin Funeral Home</u>		ADDRESS <u>Bolivar, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1957

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1969

Date Filed 1-18-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.